IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of   :   Harper et al.

Serial No.   :   10/788,958   Examiner :   Mehrmanesh, Elmira.

Filed   :   February 28, 2004   Group Art Unit :   2113

For   :   AUTOMATIC CRASH RECOVERY IN COMPUTER OPERATING SYSTEMS

HON. COMMISSIONER OF PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

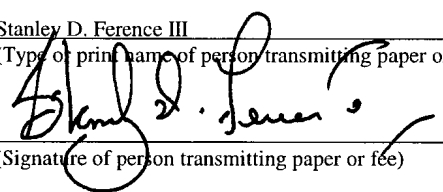   Transmitted herewith is an Amendment in the above-identified application.

1.   ☐   Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.

<div align="center">OR</div>

2.   ☒   In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.

3.   ☐   Small Entity status of this application has been established by a verified statement previously submitted.

4.   ☐   A verified statement to establish Small Entity status is enclosed.

<div align="center">CERTIFICATE OF TRANSMISSION</div>

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being transmitted by EFS-Web on <u>November 19, 2007</u> to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

<u>Stanley D. Ference III</u>
(Type or print name of person transmitting paper or fee)

_____
(Signature of person transmitting paper or fee)

5.   ☐   Also enclosed: _____

6.   ☒   No additional filing fee is required.

7.   ☒   The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		SMALL ENTITY RATE	FEE			OTHER THAN A SMALL ENTITY RATE	FEE
Total Claims	43	- ** 43	=	* 0	x	$25	=	OR x		$50	=
Ind. Claims	3	- *** 3	=	* 0	x	$105	=	OR x		$210	=
☐ Multiple Dependent Claim Presented					+	$185	=	OR +		$370	=
						TOTAL	= $_____	OR		TOTAL	= $0 _____

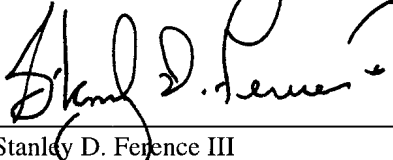*   If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
**   If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
***   If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8.   ☐   Applicant encloses herewith a check for $___ to cover the filing fee.

9.   ☐   The Commissioner is hereby authorized to charge the $___ filing fee to Lenovo Deposit Account No. 50-3533.

10. ☒   The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Lenovo Deposit Account No. 50-3533.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

Dated: November 19, 2007   By_____
                                        Stanley D. Ference III
                                        Reg. No. 33,879

Mailing Address:

Customer No. 58127
FERENCE & ASSOCIATES LLC
409 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile